

WOODLAKE WARRIORS ATHLETIC ASSOCIATION

2025 – 2026 BOYS / GIRLS BASKETBALL REGISTRATION

BOYS: ☐ **Rookies** (6-7yrs) ☐ **Tigers** (8 & 9yrs) ☐ **Cubs** (9 U) ☐ **Bears** (10 U)
☐ **Minors** (11 U) ☐ **Nets** (12 U) ☐ **Intermediate** (13 U) ☐ **Juniors** (15 U)
☐ **Seniors** (18 U)

GIRLS: ☐ Instructional (7-8yrs) ☐ Minors (8-10yrs) ☐ Intermediate (12U)
☐ Juniors (14U) ☐ Seniors (18U)

PLAYER'S NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ ZIP CODE: _____

ELEMENTARY SCHOOL BOUNDARY: _____ **BOYS** AGE AS OF 12/31/25: _____
GIRLS AGE AS OF 09/30/25: _____

MOTHER'S NAME: _____ HOME PHONE: _____

EMAIL: _____ CELL PHONE _____

FATHER'S NAME: _____ HOME PHONE: _____

EMAIL: _____ CELL PHONE: _____

MEDICAL INFORMATION

EMERGENCY CONTACT: _____

PHONE NUMBER: _____

RELATIONSHIP TO PLAYER: _____

MEDICAL DIAGNOSIS/ALLERGIES: _____

MEDICATIONS & DOSAGES: _____

The purpose of the above information is to ensure that medical personnel have details of any medical conditions which may interfere with or alter treatment. It is the responsibility of the parents/guardians (not the coaches) to administer any preventative medication that the child may need.

Consent to Play

1. I/We the parent(s) of the above named child, hereby give my/our permission to participate in the Woodlake Athletic Association. I/We assume all risks and hazards incidental to such participation, including transportation to and from activities. I/We know the participation in basketball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless the Woodlake Athletic Association, the Chesterfield Basketball League, Chesterfield Boys/Girls Basketball League, the organizers, sponsors, supervisors, participants and persons transporting my/our child to and from activities from any claim arising out of injury to my/our child, whether the result of negligence or any other cause, except to the extent and in the amount covered by accident or liability insurance. I/We will also give a copy of a Certified Birth Certificate for the above named player to the Association. I/We authorize my/our child to be treated by a Certified Emergency Personnel, in case of a medical emergency.

2. I/We understand that the Association uses woodlakewarriors.com as its official online website. I/We hereby give my/our consent to the possibility of information on my/our child being posted on the website (pictures, player statistics, team pages, etc). ☐ Decline Consent for #2

PARENTS'/GUARDIAN'S NAMES: _____

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

VOLUNTEERS NEEDED AND APPRECIATED

Please check if you are willing to help!!

☐ Head Coach ☐ Asst. Coach ☐ New Coach ☐ Returning Coach

Name: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Coaching Card #: _____ Expiration Date: _____